

## Bureau of Prisons, Justice

## § 553.10

When staff identify an inmate as being at risk for suicide, staff will place the inmate on suicide watch. Based upon clinical findings, staff will either terminate the suicide watch when the inmate is no longer at imminent risk for suicide or arrange for the inmate's transfer to a medical referral center or contract health care facility.

### § 552.41 Program procedures.

(a) *Program Coordinator.* Each institution must have a Program Coordinator for the institution's suicide prevention program.

(b) *Training.* The Program Coordinator is responsible for ensuring that appropriate training is available to staff and to inmates selected as inmate observers.

(c) *Identification of at risk inmates.* (1) Medical staff are to screen a newly admitted inmate for signs that the inmate is at risk for suicide. Ordinarily, this screening is to take place within twenty-four hours of the inmate's admission to the institution.

(2) Staff (whether medical or non-medical) may make an identification at any time based upon the inmate's observed behavior.

(d) *Referral.* Staff who identify an inmate to be at risk for suicide will have the inmate placed on suicide watch.

(e) *Assessment.* A psychologist will clinically assess each inmate placed on suicide watch.

(f) *Intervention.* Upon completion of the clinical assessment, the Program Coordinator or designee will determine the appropriate intervention that best meets the needs of the inmate.

### § 552.42 Suicide watch conditions.

(a) *Housing.* Each institution must have one or more rooms designated specifically for housing an inmate on suicide watch. The designated room must allow staff to maintain adequate control of the inmate without compromising the ability to observe and protect the inmate.

(b) *Observation.* (1) Staff or trained inmate observers operating in scheduled shifts are responsible for keeping the inmate under constant observation.

(2) Only the Warden may authorize the use of inmate observers.

(3) Inmate observers are considered to be on an institution work assignment when they are on their scheduled shift.

(c) *Suicide watch log.* Observers are to document significant observed behavior in a log book.

(d) *Termination.* Based upon clinical findings, the Program Coordinator or designee will:

(1) Remove the inmate from suicide watch when the inmate is no longer at imminent risk for suicide, or

(2) Arrange for the inmate's transfer to a medical referral center or health care facility.

## PART 553—INMATE PROPERTY

### Subpart A [Reserved]

### Subpart B—Inmate Personal Property

Sec.

553.10 Purpose and scope.

553.11 Limitations on inmate personal property.

553.12 Contraband.

553.13 Procedures for handling contraband.

553.14 Inmate transfer between institutions and inmate release.

553.15 Limitations on personal property—medical transfers.

AUTHORITY: 5 U.S.C. 301; 18 U.S.C. 3621, 3622, 3624, 4001, 4042, 4081, 4082 (Repealed in part as to offenses committed on or after November 1, 1987), 4126, 5006-5024 (Repealed October 12, 1984 as to offenses committed after that date), 5039; 28 U.S.C. 509, 510; 28 CFR 0.95-0.99.

SOURCE: 48 FR 19573, Apr. 29, 1983, unless otherwise noted.

### Subpart A [Reserved]

### Subpart B—Inmate Personal Property

#### § 553.10 Purpose and scope.

It is the policy of the Bureau of Prisons that an inmate may possess ordinarily only that property which the inmate is authorized to retain upon admission to the institution, which is issued while the inmate is in custody, which the inmate purchases in the institution commissary, or which is approved by staff to be mailed to, or otherwise received by an inmate. These rules contribute to the management of